

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1	/										
2		/									
3		2									
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50		/									
<b>TOTAL IND.</b>	<b>3</b>										
<b>TOTAL DEP.</b>	<b>31</b>										
<b>TOTAL CLAIMS</b>	<b>54</b>										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											